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ABSTRACT

Self-disclosure, defined as any information about oneself which one person communicates verbally to another, is an important aspect of the therapeutic process. The strongest determinant of disclosure is disclosure itself--the reciprocity effect. To explore the reciprocity effect in the context of biracial counseling, 33 black female college students participated in an analogue study consisting of an interview with a female therapist they believed was either white or black. The therapist's level of self-disclosure was also manipulated. Results showed that increasing therapist disclosure increased trustworthiness when the therapist was black; it nonsignificantly decreased the therapist's trustworthiness when the therapist was white, suggesting that the white therapist's disclosure may have been considered out of place, inappropriate, or even condescending. A second finding was that the two measures of self-disclosure, the Jourand self-report scale, and the Chelune behavioral measures, did not significantly correlate. This may reflect racial differences in how self-disclosure is defined. Given the deleterious effects uncovered concerning cross-racial disclosure, a replication field study would raise ethical problems. (JAC)

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Reciprocity of Therapist's Self-disclosure: Effects of Therapist's Race on Black Client's Disclosures

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Running Head: Reciprocity of Therapist Self-disclosure

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Abstract

The reciprocity effect (self-disclosure by person A to person B resulting in B's disclosure to A) was explored in the context of biracial counseling interviews to determine if disclosure by a white therapist would facilitate black client's self-disclosure. Thirty-three black females interviewed with a female therapist whom they believed to be either white or black and who exhibited either high or low levels of self-disclosure. A reciprocity effect was obtained for black therapists, but an antireciprocity effect was obtained by white therapists (higher therapist disclosure led to lower client disclosure). Results were interpreted according to five explanations for reciprocity breakdowns.

Reciprocity of Therapist's Self-disclosure: Effects of Therapist's Race on Black Client's Disclosures

Self-disclosure may be defined as any information about oneself which one person communicates verbally to another (Cozby, 1973). The revelation of personal information to another constitutes an important class of human behaviors and may be necessary for effective functioning in our society (Wiemann and Blacklund, 1980). It is important to the therapeutic process for two reasons: 1) client disclosure is a major basis for diagnoses, treatment plans, and goals (Truax and Carhuff, 1965) and 2) client's problems are frequently related to inappropriate levels of disclosure and subsequent inability to form close personal relationships (Altman and Taylor, 1973; Derlega and Margulis, 1982). In addition, a positive relationship between client self-disclosure and therapy outcome has been demonstrated (Carkhuff and Pierce, 1967; Kiesler, 1971).

The strongest and most frequently demonstrated determinant of disclosure is disclosure itself-the reciprocity effect (Chaikin and Derlega, 1974a; Cozby, 1973). Three hypotheses have been postulated to explain reciprocity effects: trust, social exchange, and

modeling. The trust explanation claims that person A's initial disclosure to B makes B feel liked and trusted by A. This induces B to like A and want to reciprocate disclosure as a sign of liking and trust for A. Research results have not consistently supported the trust hypothesis (Cozby, 1973; Derlega, Harris, and Chaikin, 1973).

The social exchange hypothesis (Chaikin and Derlega, 1974b; Derlega Harris and Chaikin, 1973; Worthy, Gary and Kahn, 1969) claims that the receipt of self-disclosure is a rewarding experience which creates an obligation to return disclosures as repayment via equity norms (Walster, Berscheid, and Walster, 1973). The social exchange explanation has rarely been put to the test (Archer, 1979), so its failure to be disconfirmed is not informative. The modeling explanation sees reciprocity as being due to vicarious reinforcement and/or imitation (Bandura, 1977). This social learning explanation has received mixed support (Rubin, 1975; Thase and Page, 1977).

All three explanations have been used to explain infrequent breakdowns in reciprocity (i.e., failure to reciprocate is caused by lack of trust, violation of equity norms, or lack of attention to the model). Two additional explanations have been postulated for

reciprocity breakdowns: they occur when another's high disclosure creates reactance by making one feel pressured to reciprocate (Archer and Berg, 1978) or when the disclosure is seen as an ingratiation attempt (Jones and Wortman, 1973).

One setting in which a lack of self-disclosure may be especially problematic is in cross-racial therapy. Therapists are often faced with the problem of counseling clients of different races than themselves, especially in white therapist-black client dyads. The difficulty of cross-racial therapy is evidenced by black's high therapy drop-out rates and lower self-disclosures to therapists who are typically white (Smith, 1977; Sue, 1977; Goodstein and Reinecker, 1974; Littlefield, 1974). Minority clients may feel dissimilar to white therapists, may see them as cold or unfriendly, or may fear that self-disclosures could be used to support the myth of black inferiority (Smith, 1977). Therapist disclosure might reduce these problems and consequently enhance client disclosure. Research on therapist disclosure had found that disclosing therapists are viewed as more warm, nurturant, friendly, trustworthy and competent than non-disclosing therapists (Bundza and Simonson, 1973; Murphy and Strong, 1972). Therapist disclosure may also reduce the ambiguity of what is expected in therapy and

may exemplify appropriate client behavior (McAllister and Kiesler, 1975).

Since it is often impossible to match clients and therapists on race, SES, etc., the purpose of the present study was to determine if therapists could employ the reciprocity effect to increase rapport and disclosure on the part of their minority clients. To this end, an analogue study of the clinical interview was conducted where therapist's (interviewer's) level of self-disclosure was manipulated along with the client's (interviewee's) belief about the therapist's race.

Method

Subjects and Procedure

Thirty-six black females were recruited from a list of minority students provided by the school registrar. Three subjects were excluded from the analyses because they did not correctly recall their therapist's race. The research participants were led to believe that the study's purpose was to investigate racial differences in nonverbal body cues given to clients by black and white therapists and how such differences might affect the introductory interview. All subjects were told that they had been assigned to the control condition where they would not be able to see their therapist and could only

communicate with her through an intercom. After filling out a consent form (to have their conversations recorded), research participants took the Jourard (1971) Self-disclosure questionnaire to measure their initial tendency to self-disclose. Participants were then given the information about their therapist's race and were exposed to either the high or the low therapist disclosure manipulation. They next filled out a "Pre-interview Impression Questionnaire" of their therapist. The interview itself followed and consisted of 12 questions previously scaled by Jourard (1971) to range from low intimacy ("What are your favorite subjects?") to medium intimacy ("What are some of the unhappiest occasions in your life and why?") to high intimacy ("What are some of your common sexual fantasies?"). The interview was conducted by a black female who spoke in a racially ambiguous dialect and who was blind to the race and disclosure manipulations. Subjects were debriefed upon completion of the study.

Independent Variables

The therapist's race was manipulated by providing the research participants with a color photograph of their therapist under the rationale that the experimenter wanted to equate the control condition as closely as possible to a face-to-face interview condition. Two

different photographs for each race condition were employed.

The therapist began the interview with some introductory remarks where she gave demographic information such as age (27), education (4th year clinical student),number of siblings (3) and marital status (single). After mentioning that she was not married, the introductory remarks diverged into a high and a low self-disclosure condition. In the high self-disclosure condition, the therapist mentioned that she was dating someone seriously but that she recently had a fight with her boyfriend. She then revealed that she was "pretty down" about the fight and had doubts about ever finding "Mr. Right," that her parents were divorced, that a strict, religious mother had different values from her and was critical of her, and that, although her undergraduate experience matured and changed her for the better, she spent too much time partying and dating and not enough time studying. In the low-disclosure version, the exact same information was conveyed except it was not personalistic. After stating that she was single and that single life presents problems for some people, the therapist mentioned that she had just read a "Dear Abby" where a college student had broken up with a boyfriend, was worried about finding

"Mr. Right",etc. Thus the research participants were exposed to identical information in the high and low disclosure conditions. The two versions of the introductory remarks were tape-recorded (each was three minutes long) and each was presented to the subjects as an analogue of what happens when one first meets with a therapist.

Dependent Variables

The major dependent variables were four measures of self-disclosure taken from Chelune (1979). These were: 1) number of self-referents, operationalized as the number of verbal responses (thought units, sentences, etc.) which involved first person or reflexive third person references (eg., living alone is depressing; I've done badly in school, etc.); 2) rate of self-referents, operationalized as the number of referents divided by the duration of the interview; 3) intimacy, operationalized as the depth or ego-relevance of the each verbal response's content, rated on a five-point scale; and 4) number of refusals, operationalized as the number of time subjects refused to answer a question or a request for more information. In order to assess the reliability of these variables, two raters coded a third of the interviews. Both raters were blind to the subject's experimental condition. Reliability coefficients were

high, ranging from .90 for rate to 1.00 for refusals.

Manipulation checks, confounding checks, and intervening variables were assessed in the "Pre-interview Impression Questionnaire" which was administered after the therapist's disclosure but before the actual interview. Research participants rated the therapist on a number of nine-point bipolar scales (discussed below).

Results

Preliminary Analyses

Initially a 2 X 2 X 2 mixed ANOVA (race and disclosure as fixed effects and photo picture as a random factor nested within race) was conducted to ascertain that the attractiveness of the woman in each photo did not influence any of the dependent variables. These analyses showed no significant effects for photo type, so the design was collapsed into a 2 X 2 ANOVA (race by disclosure level) with the Jourard self-disclosure measures (willingness to disclose to a same-sex stranger and past history of disclosure) as covariates. Surprisingly, the Jourard scales were not significantly related to the dependent variables. Since using covariates unrelated to the dependent variable decreases statistical power and since the random assignment was successful (There were no between cell differences on initial self-disclosure tendency.), the Jourard scales

were dropped as covariates from all analyses.

Manipulation and Confounding Checks

The disclosure manipulation was designed to increase the perceptions of the therapist's openness or revealingness without also influencing perceptions of the therapist's intelligence, physical attractiveness, happiness, recklessness, instability, or maladjustment. The analyses yielded only the expected main effect on openness, $F(1, 29) = 5.57$, $p<.025$, and the expected lack of significant main effects or interaction on the other variables.

Intervening Variables

The therapist's increased revealingness was expected to induce the research participants to feel more similar to the therapist and to see her as more friendly and trustworthy. The 2 X 2 ANOVA revealed no significant effects for similarity and friendliness ratings, but there was a significant race by disclosure interaction on trustworthiness, $F(1, 33) = 4.41$, $p<.045$ (see Table 1).

Insert Table 1 about here

Simple effects tests on this "flip-flop" interaction showed that increasing therapist disclosure increased trustworthiness when the therapist was black ($p<.074$),

but it nonsignificantly decreased the therapist's trustworthiness when the therapist was white.

Self-Disclosure Variables

The ANOVA on the self-disclosure variables yielded two significant effects: Race by Disclosure interactions on self-references and on intimacy, *F*'s (1, 29) = 6.06, and 4.70, *p*'s <.020 and <.039 respectively. Since both interactions had identical forms and the two variables correlated .60, only the intimacy interaction is shown in Table 1. Simple effects tests revealed that increasing the black therapist's disclosure level lead to an increase in client intimacy and self-referents (p's <.019 and <.044 respectively), but that increasing the white therapist's disclosure level nonsignificantly decreased the client's intimacy of self-disclosure and number of self-referents.

Discussion

Our attempt to increase Blacks' self-disclosure to white therapists via the reciprocity effect was not successful and actually "boomeranged". Our finding of and "antireciprocity effect" seems to be due to the decreased perceived trustworthiness of the white high-discloser. The previously obtained positive effects for therapist disclosure on client disclosure may not apply for cross-racial dyads. The issue of trust may be

particularly salient in cross-racial interactions because of the long history of racial exploitation and disharmony in America.

It is not the content per se of the high disclosure condition which created suspicion because, when a black therapist made the same high disclosure, it increased perceived trustworthiness and client self-disclosure. Furthermore, the high disclosure was not so extreme (M = 3.1 on a nine-point openness scale, with 1 representing closed) as to suggest maladjustment or recklessness. Nor were our black research participants simply racist. Under the low-disclosure condition, the black therapist was not liked, trusted, or disclosed to significantly more than was the white therapist. Rather, the white therapist's disclosure apparently was seen as out of place, inappropriate and perhaps even condescending, paternalistic or ingratiating. This apparently led to increased suspicion of the white therapist's motives (trustworthiness). A similar "antireciprocity" effect has been found by Chaikin et al. (1973) where a black confederate's disclosure reduced the subsequent disclosures of white subjects.

A second surprising finding was that the two measures of self-disclosure, the Jourard self-report scale and the Chelune behavioral measures, did not

significantly correlate. This may reflect: a) general operational difficulties with the concept of self-disclosure; b) the common finding that (Chelune's) behavioral measures do not track (Jourard's) self-report measures (Nisbett and Wilson, 1977) or c) racial differences in how self-disclosure is defined. Given that racial differences in interpersonal spacing and paralinquistic behaviors have been found (Sommer, 1969; LaFrance and Mayo, 1976), it is not surprising that constructs generated from white subjects did not apply to blacks.

Our findings seem most congruent with the trust explanation of reciprocity. The mean ratings of the therapist's trustworthiness tracked the self-disclosure means, and the within-cells correlation between intimacy of disclosure and therapist's trustworthiness was .57. A reactance theory interpretation of our findings seems implausible because the high disclosure was not extreme enough to pressure the research participants. The modeling explanation seems unlikely because both the low and the high disclosure conditions had a person modeling the disclosure of personal information. However, perhaps the greater status of the interviewer in the high disclosure condition (graduate student) compared to the low disclosure condition (the Dear Abby letter writer)

lead to greater attention to the model and hence a greater modeling effect.

The social exchange and ingratiation explanations remain tenable (but untested) if one assumes that there are different standards of equity or ingratiation for white and black therapists. Perhaps our black participants felt less of a need to maintain equity with a white than a black therapist; perhaps the high disclosure was less rewarding coming from a white than a black; or perhaps the high-disclosing white therapist was viewed as trying to "act black" and hence was seen as an ingratiator.

Finally, because this was an analogue study employing only females who were not presenting themselves for therapy, the question of generalizability needs to be addressed. The small sample size does not weaken our findings; the resulting low power but still statistically significant findings attests to their clinical significance. Given the deleterious effects we have uncovered concerning cross-racial disclosure, a replication field-study would raise ethical problems.

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Author notes

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Table 1

Therapist Trustworthiness and Client Self-disclosure as a Function of Therapist Race and Disclosure Level

	Therapist self-disclosure level	
Therapist's race	low	high
white		
Therapist trustworthiness	6.25	5.00
Client self-disclosure	2.70	2.44
black		
Therapist trustworthiness	4.90	6.40
Client self-disclosure	2.49	3.11

Note. Higher numbers mean greater perceived therapist trustworthiness and intimacy of client self-disclosure.